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**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: 18-0022**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Denver Regional Operations Group**

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September 19, 2019

Caprice Knapp, Medicaid Director  
Division of Medical Services  
North Dakota Department of Human Services  
600 East Boulevard Avenue, Dept. 325  
Bismarck, ND 58505-0250

Dear Ms. Knapp:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0022. This amendment provides for the enrollment and reimbursement of licensed addiction counselors under other licensed practitioners.

Please be informed that this State Plan Amendment was approved on September 18, 2019, with an effective date of November 1, 2018. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Kirstin Michel at (303) 844-7036.

Sincerely,



Richard C. Allen  
Director, Western Regional Operations Group  
Denver Regional Office  
Centers for Medicaid and CHIP Services

cc: Krista Fremming, North Dakota  
Stacey Koehly, North Dakota

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  <div style="text-align: center; font-size: 1.2em;"><b>18-0022</b></div>	2. STATE  <div style="text-align: center; font-size: 1.2em;"><b>North Dakota</b></div>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE  <div style="text-align: center; font-size: 1.2em;"><b>November 1, 2018</b></div>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input checked="" type="checkbox"/> AMENDMENT</span> </div> <div style="text-align: center; font-size: 0.8em;">             COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)           </div>			
6. FEDERAL STATUTE/REGULATION CITATION:  <div style="text-align: center; font-size: 1.1em;"><b>42 CFR 440.60</b></div>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2019</u> <u>\$NONE</u> b. FFY <u>2020</u> <u>\$NONE</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment to page 1 of Attachment 3.1-A Attachment to page 2 of Attachment 3.1-B Attachment to page 3 of Attachment 3.1-A Attachment to page 3 of Attachment 3.1-B Attachment 4.19-B, Page 3b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Attachment to page 1 of Attachment 3.1-A Attachment to page 2 of Attachment 3.1-B Attachment to page 3 of Attachment 3.1-A Attachment to page 3 of Attachment 3.1-B Attachment 4.19-B, Page 3b	
10. SUBJECT OF AMENDMENT: <b>Amends the State Plan to add coverage and payments for licensed addiction counselors as other licensed practitioners.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL           </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:  <u>Erik Elkins, Assistant Director</u>  <u>Medical Services Division</u> </div> </div>			
12. SIGNATURE OF STATE OFFICIAL: <div style="background-color: black; width: 100%; height: 30px;"></div>		16. RETURN TO:  <b>Erik Elkins, Assistant Director</b> <b>Medical Services Division</b> <b>ND Department of Human Services</b> <b>600 East Boulevard Avenue Dept 325</b> <b>Bismarck ND 58505-0250</b>	
13. TYPED NAME:  <div style="text-align: center;"><b>Erik Elkins</b></div>		16. RETURN TO:  <b>Erik Elkins, Assistant Director</b> <b>Medical Services Division</b> <b>ND Department of Human Services</b> <b>600 East Boulevard Avenue Dept 325</b> <b>Bismarck ND 58505-0250</b>	
14. TITLE:  <div style="text-align: center;"><b>Assistant Director, Medical Services Division</b></div>			
15. DATE SUBMITTED:  <div style="text-align: center;"> <b>Original Date: October 23, 2018</b>  <b>Resubmission Date: August 23, 2019</b> </div>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:  <div style="text-align: center;">October 23, 2018</div>		18. DATE APPROVED:  <div style="text-align: center;">September 18, 2019</div>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  <div style="text-align: center;">November 1, 2018</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; width: 100%; height: 30px;"></div>	
21. TYPED NAME:  <div style="text-align: center;">Richard C. Allen</div>		22. TITLE:  <div style="text-align: center;">Director, WROG</div>	
23. REMARKS:  <div style="height: 100px;"></div>			

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

1. The North Dakota Medicaid Program will limit the number of inpatient psychiatric days to no more than 21 days for each inpatient psychiatric stay in a distinct part psychiatric unit of a general hospital and to no more than 45 days per calendar year. This limit does not apply to individuals for which the Medicaid Program is obligated to pay for all diagnostic and treatment because they are eligible for the EPSDT program.

The North Dakota Medicaid Program will limit the number of inpatient rehabilitation days to no more than 30 days for each inpatient rehabilitation stay in a distinct part rehabilitation unit of a general hospital. This limit does not apply to individuals for which the Medicaid Program is obligated to pay for all diagnostic and treatment because they are eligible for the EPSDT program.

- 2.a. The North Dakota Medicaid Program will limit the number of days for which payment can be made for partial hospitalization psychiatric services to a level meeting the following criteria.

Level A is an intense level of partial hospitalization psychiatric services which provide treatment for an individual by at least three licensed health care professionals under the supervision of a licensed physician for at least four hours and no more than eleven hours per day for at least three days per week.

Level B is an intermediate level of partial hospitalization psychiatric services which provide treatment for an individual by at least three licensed health care professionals under the supervision of a licensed physician for three hours per day for at least two days per week.

Limitations:

1. Payment may not be made for Level A services exceeding forty-five days per calendar year per individual.
2. Payment may not be made for Level B services exceeding thirty days per calendar year per individual.
3. The North Dakota Medicaid Program may authorize additional days if determined to be medically necessary.

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- 2.a. The North Dakota Medicaid Program will limit the number of days for which payment can be made for partial hospitalization psychiatric services to a level meeting the following criteria.

Level A is an intense level of partial hospitalization psychiatric services which provide treatment for an individual by at least three licensed health care professionals under the supervision of a licensed physician for at least four hours and no more than eleven hours per day for at least three days per week.

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LIMITATIONS ON AMOUNT, DURATION AND SCOPE

6.d. (Continued)

**Medication Therapy Management (MTM) Services Performed by a Licensed Pharmacist**

MTM services are a voluntary benefit provided by a licensed pharmacist to a recipient to optimize the therapeutic outcomes of the recipient's medications and prevent medication-related problems.

Pharmacists must have completed continuing education credits approved by the American Council of Pharmaceutical Education as follows: two hours on the delivery of MTM including MTM documentation, two hours on medication adherence, and four hours on the medical condition treated by the medications for which they will be providing MTM services.

MTM services may be provided via tele-pharmacy. Tele-pharmacy services are subject to the same requirements as services that are provided to a recipient in person.

Coverage is limited to one initial encounter and up to five subsequent encounters per recipient per 365-day period. When the treatment duration of a medication is less than six months, coverage is limited to one encounter per month of treatment.

**Nursing Services provided in a School to Children with Complex Medical Needs and provided by a Registered Nurse**

Effective June 1, 2018, the North Dakota Medicaid program will enroll Registered Nurses to provide nursing services to Medicaid-eligible children (under the age of 21) who have complex medical needs and an approved Individualized Education Program that documents medical necessity for nursing services that support the child's needs to access free appropriate public education. The Registered Nurses must be either employed by or under contract through a school and the school shall bill North Dakota Medicaid for the nursing services rendered by the Registered Nurses.

**Services Provided by Licensed Addiction Counselors**

Licensed addiction counselor includes licensed clinical addiction counselors, licensed master addiction counselors and practitioners possessing a similar license in a border state and operating within their scope of practice in that state. Licensed addiction counselors may enroll to furnish non-ASAM services within their scope of practice according to State Law.

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

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**Services Provided by Licensed Addiction Counselors**

Licensed addiction counselor includes licensed clinical addiction counselors, licensed master addiction counselors and practitioners possessing a similar license in a border state and operating within their scope of practice in that state. Licensed addiction counselors may enroll to furnish non-ASAM services within their scope of practice according to State Law.

26. For diagnostic, screening and preventive services, Medicaid will pay the lower of actual billed charges or the maximum allowable fee established by the state agency. The agency's fee schedule rate was set as of November 1, 2018 and is effective for services provided on or after that date.
27. Emergency hospital services provided by hospitals not otherwise participating in the Medicaid program are paid at the fixed percentage of charges for out-of-state hospitals as established in paragraph 1.
28. For Targeted Case Management Services, payment will be based on the lower of the providers actual billed charge or the fee schedule established in 15 minute units of service by the state. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2015, as authorized and appropriated by the 2015 Legislative Assembly.
29. For rehabilitative services, each qualified Medicaid service practitioner will be reimbursed a rate from the Medicaid fee schedule for defined units of service.

For services provided by non-governmental providers, payment will be the lower of the provider's actual billed charges or the fee schedule established by the state agency. The agency's fee schedule was set on November 1, 2018 and are effective for services provided on and after that date.

For the governmental providers, payment is established based on the cost of delivering the services on a prospective basis as determined by the single state agency from cost data submitted annually. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual. Governmental provider rates are set as of November 1, 2018 and are effective for services provided on or after that date. Providers will be notified of the rates via letter or email correspondence.

30. For non-ASAM services rendered by licensed addiction counselors within their scope of practice, each qualified Medicaid service practitioner will be reimbursed a rate from the Medicaid fee schedule for defined units of service.

Effective November 1, 2018, for services provided by non-governmental providers, payment will be the lower of the provider's actual billed charges or reimbursement under Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care (continued), Item 6.

For the governmental providers, payment is established based on the cost of delivering the services on a prospective basis as determined by the single state agency from cost data submitted annually. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual. Governmental provider rates are set as of November 1, 2018 and are effective for services provided on or after that date. Providers will be notified of the rates via letter or email correspondence.